



01/28/04

1632
PTO/SB/21 (08-03)

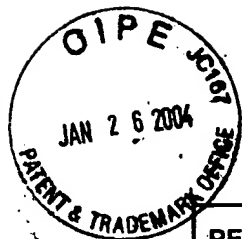
| | | | |
|--|---|------------------------|------------------|
| TRANSMITTAL FORM <i>(to be used for all correspondence after initial filing)</i> | | Application Number | 08/217,324 |
| | | Filing Date | March 24, 1994 |
| | | First Named Inventor | Osborne, William |
| | | Art Unit | 1632 |
| | | Examiner Name | J. Woitach |
| Total Number of Pages in This Submission | 1 | Attorney Docket Number | 016336-000300US |

| ENCLOSURES (Check all that apply) | | |
|--|--|--|
| <input type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached <input type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) <input checked="" type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Response to Missing Parts/Incomplete Application <input type="checkbox"/> Response to Missing Parts under 37 CFR 1.52 or 1.53 | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) | <input type="checkbox"/> After Allowance Communication to Group <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to Group (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please identify below): Return Postcard |
| Remarks | | The Commissioner is authorized to charge any additional fees to Deposit Account 20-1430. |

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| SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT | |
|--|--|
| Firm or Individual | Townsend and Townsend and Crew LLP Steven W. Parmelee Reg. No. 31,990 |
| Signature | <i>Steven W. Parmelee</i> |
| Date | Jan. 26, 2004 |

| CERTIFICATE OF MAILING | |
|--|--------------------|
| Express Mail Label: EU 975626464 US I hereby certify that this correspondence is being deposited with the United States Postal Service with "Express Mail Post Office to Address" service under 37 CFR 1.10 on this date Jan. 26, 2004 and is addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 | |
| Typed or printed name | Jennifer M. Smolen |
| Signature | <i>JM Smolen</i> |
| Date | Jan. 26, 2004 |



PTO/SB/22 (08-03)

| | | |
|---|--|---|
| PETITION FOR EXTENSION OF TIME UNDER 37 CFR 1.136(a) | | Docket Number (Optional) 016336-000300US |
| In re Application of William R. A. Osborne et al. | | |
| Application Number 08/217,324 | | Filed March 24, 1994 |
| For DEVICES AND METHODS FOR IMPLANTING TRANSDUCED CELLS | | |
| Art Unit 1632 | | Examiner J. Weitach |

This is a request under the provisions of 37 CFR 1.136(a) to extend the period for filing a reply in the above identified application.

The requested extension and appropriate non-small-entity fee are as follows (check time period desired):

- | | |
|---|--------|
| <input type="checkbox"/> One month (37 CFR 1.17(a)(1)) | \$ |
| <input type="checkbox"/> Two months (37 CFR 1.17(a)(2)) | \$ |
| <input type="checkbox"/> Three months (37 CFR 1.17(a)(3)) | \$ |
| <input type="checkbox"/> Four months (37 CFR 1.17(a)(4)) | \$ |
| <input checked="" type="checkbox"/> Five months (37 CFR 1.17(a)(5)) | \$2010 |
- ☒ Applicant claims small entity status. See 37 CFR 1.27. Therefore, the fee amount shown above is reduced by one-half, and the resulting fee is: \$ 1005 .
- ☐ A check in the amount of the fee is enclosed.
- ☐ Payment by credit card. Form PTO-2038 is attached.
- ☐ The Director has already been authorized to charge fees in this application to a Deposit Account.
- ☒ The Director is hereby authorized to charge any fees which may be required, or credit any overpayment, to Deposit Account Number 20-1430.

I have enclosed a duplicate copy of this sheet.

- I am the ☐ applicant/inventor.
- ☐ assignee of record of the entire interest. See 37 CFR 3.71
Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).
- ☒ attorney or agent of record.. Registration Number 31,990
- ☐ attorney or agent under 37 CFR 1.34(a).
Registration number if acting under 37 CFR 1.34(a). _____

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

Jan. 26, 2004

Date

Steven W. Parmelee

Signature

Steven W. Parmelee, Reg. No. 31,990

Typed or printed name

NOTE: Signatures of all the inventors or assignees of record of the entire interest or their representative(s) are required. Submit multiple forms if more than one signature is required, see below*.

☐ *Total of _____ forms are submitted.

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